VA/DoD Clinical Practice Guideline for Ischemic Heart Disease (IHD)

NON ST-SEGMENT ELEVATION MI OR UNSTABLE ANGINA (MODULE B)

- Ensure emergency intervention
- Assess risk of death or MI for patients with unstable angina

High-Risk:	
• Consider GP IIb-IIIa inhibitor therapy	• Refer to urgent angiography if indicated

High-Intermediate Risk:	Low-Risk:
• Admit to a monitored bed, at appropriate level of care. • Initiate IV heparin or enoxaparin	• Monitor cardiac rhythm and serum markers for at least 6 to 8 hours • Re-evaluate for ACS if change in symptoms, ECG or serum markers

- The distinction from UA and NSTEMI is important because immediate reperfusion, with either primary angioplasty or thrombolytic agents, has been shown to reduce mortality in patients with STEMI or LBBB MI, whereas the **use of thrombolytics may be potentially harmful in UA and NSTEMI**
- Perform non-invasive evaluation (cardiac stress test and LV function) in patients not undergoing angiography and: *(continued on reverse)*

(continued from front)

◊ Initiate ACE inhibitor therapy

◊ Consider referral to cardiology

• Ensure pharmacological therapy for ischemia, angina, and CHF

• Discharge patient to home with appropriate follow-up

NON-INVASIVE EVALUATION (CARDIAC STRESS TEST)

Unless cardiac cath is indicated, completed or planned, non-invasive evaluation should be performed to:

• **Establish or confirm a diagnosis of ischemic heart disease**

◊ Is most useful if the pre-test probability of CAD is Intermediate (10% to 90%)

◊ Should generally not be done in patients with very high and very low probabilities of CAD

• **Assess the effects of therapy**

> ***Patients with contraindications to exercise testing should undergo testing with an imaging modality***

NATIONAL CPG COUNCIL